

Cultivating the power of partnerships in feminist participatory action research in women's health

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Feminist participatory action research integrates feminist theories and participatory action research methods, often with the explicit intention of building community–academic partnerships to create new forms of knowledge to inform women's health. Despite the current pro-partnership agenda in health research and policy settings, a lack of attention has been paid to how to cultivate effective partnerships given limited resources, competing agendas, and inherent power differences. Based on our 10+ years individually and collectively conducting women's health and feminist participatory action research, we suggest that it is imperative to intentionally develop *power-with* strategies in order to avoid replicating the power imbalances that such projects seek to redress. By drawing on examples from three of our recent feminist participatory action projects we reflect on some of the tensions and complexities of attempting to cultivate power-with research partnerships. We then offer skills and resources needed by academic researchers to effectively harness the collective resources, agendas, and knowledge that each partner brings to the table. We suggest that investing in the process of cultivating power-with research partnerships ultimately improves our collective ability to understand and address women's health issues.

Key words: community, feminist research, participatory action research, power relations, women's health.

Feminist participatory action research (FPAR) integrates feminist theories and participatory action research methods, often with the explicit intention of building community–academic partnerships to create new forms of knowledge that lead to social justice (Frisby et al. 2009). Feminist participatory action research seeks to name and redress power inequities, reveal diverse women's voices and experiences, critically examine the socioeconomic and political contexts shaping women's lives, and facilitate action outcomes (Maguire 2001). Feminist participatory action researchers have made significant contributions in identifying and understanding the tensions that arise when navigating power imbalances that inherently exist between researchers, partici-

pants, and community partners (Brydon-Miller, Maguire, and McIntyre 2004; Maguire 1996, 2001; Ponio 2007; Reid 2004; Varcoe 2006).

As a budding field, however, many issues remain under-examined and unresolved in the FPAR literature that are of central importance when partnering to promote women's health. For example, despite the current pro-partnership agenda in health research and policy settings, a lack of attention has been paid to what constitutes effective research partnerships and how to cultivate them given competing agendas and inherent power differences (Anderson and Jap 2005). It is because of power imbalances that some community members have rejected their involvement in participatory projects initiated by academics in an effort to reclaim their own research to inform health policy (Fiske and Browne 2004; Tenfingers 2005). Yet partnerships among diverse community members, service workers, policy-makers,

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and academic researchers is increasingly necessary to leverage limited resources and to make a difference in the structures and policies that influence women's health.

To date, the FPAR literature has begun naming and reflecting on the challenges of navigating power differences (Coy 2006; Hafez-Barazangi 2004; Langan and Morton 2009; Varcoe 2006), but less attention has been paid to creating strategies for effectively utilizing the power that partners bring to the table. From a feminist perspective, power can be a generative resource when used *with*, instead of *over*, each other (Lorde 1984). *Power-with* means finding ways to share power that are cumulative and expansive (Tett 2005), as opposed to traditional *power-over* approaches, which refer to the ability to control, dominate, and/or impose one's will on others (Tetreault and Teske 2000). In fact, challenging top down power-over strategies is a core ideal of FPAR and related feminist, participatory, and action research disciplines (Dominelli 2002; Greenwood and Levin 1998; Lykes and Coquillon 2006). Yet academic researchers embedded in traditional and often patriarchal settings receive little training in how to facilitate power-with approaches that cultivate the collective resources that all partners bring to the table. In our experiences, collaborating with diverse community partners has been one of the most consistently challenging aspects of our work, regardless of the scope of the project or nature of our partners' contributions.

In this paper, we reflect on our experiences of partnering with community researchers, health and service organizations, and policy-makers by drawing on examples from our recent FPAR projects to: (i) describe the tensions we have experienced attempting to cultivate effective *power-with* partnerships; and (ii) discuss a set of skills and resources academic researchers need to better facilitate such relationships. Our intention in exposing and reflecting on these challenges is to be instructive to those conducting FPAR or any other approach to research that aims to work in meaningful and authentic ways with partners to promote women's health.

FEMINIST PARTICIPATORY ACTION RESEARCH IN WOMEN'S HEALTH

Similar to other forms of participatory and action research, FPAR ultimately aims to democratize knowledge production as a precursor to taking action to improve the quality of people's lives (Greenwood and Levin 1998; Stringer and Genat 2004). Feminist participatory action research emerged in response to critiques that participatory research and traditional research more broadly are gender-blind and

fail to fully capture the reality of women's lives (Maguire 1996, 2001). It integrates feminist theories of oppression, domination, power, and social justice with participatory methods aimed at facilitating women's inclusion in research (Lykes and Coquillon 2006). Feminist participatory action research seeks to facilitate women's participation in all stages of the research process (Frisby et al. 2005), thus creating space for them to ask research questions that are meaningful to their own health while giving voice to their individual and collective experiences. Reflexivity, a key FPAR tool, involves the systematic reflection of power relationships both within projects and broader social relations (Pillow 2003; Reid et al. In press; Williams and Brinton Lykes 2003). It encourages those involved in the research process to deeply consider how their power, social locations, biases, and assumptions implicate their roles, ethical judgments, and ability to share and translate knowledge (Reid et al. 2009). Most of the literature on reflexivity focuses on researcher roles vis-à-vis participants, but under-examines what this means when brokering partnerships across different private, public, and not-for-profit sectors (Babiak and Thibault 2009). This paper helps to fill that gap.

Similar to FPAR, the women's health research movement has evolved over the past 25 years in response to women's exclusion from traditional research settings (Greaves 2009). Historically, health research and health-care have operated under assumptions of gender-neutrality and have not adequately considered the ways in which women's health is differentially affected by biological and social differences, or in other words, by sex, gender, and diversity (Johnson, Greaves, and Repta 2007). Patriarchy and intersecting systems of power such as racism, classism, homophobia, ableism, and ageism implicate the ways in which health research and practice is conducted (Hankivsky and Christoffersen 2008). Gender is now understood to be a core health determinant and research illustrates that women are disproportionately affected by social determinants of health such as low income, inadequate housing, and social exclusion (Bryant 2004; Moss 2002; Reid 2004). Further, poor women, Aboriginal women and women of colour, migrant women, lesbians, and women who are disabled are especially vulnerable to their social conditions and face disproportionately higher rates of mortality and morbidity (Morrow, Hankivsky, and Varcoe 2008).

Increasingly, FPAR and other emancipatory research methods are being used to advance the women's health research agenda (Coy 2006; Gutierrez and Lewis 2005; Langan and Morton 2009; Varcoe 2006). There is a strong fit between these two fields because both are founded on the need to democratize knowledge production and redress

unbalanced power relations (Reid et al. 2009). Feminist participatory action research provides an avenue for women to voice their experiences of health and illness, define health issues of importance to them, and address social conditions that determine their health. Feminist participatory action research's focus on inclusion also offers women's health researchers ways to foster meaningful engagement with community partners and marginalized women (Reid et al. 2009). For example, Martin et al. (2009) have developed a FPAR program of research that identifies and addresses the health issues of female prisoners. The critical role of partners is apparent in this case because without a partnership with the prison warden, the therapeutic recreationist, and others working in the low-security prison, the study could never have taken place. In another example, Salmon (2007) worked with young Aboriginal mothers who experienced substance use during pregnancy and foetal alcohol syndrome/effects to discuss potential improvements in health policy. She partnered with health providers at the Vancouver Area Network of Drug Users (VANDU), who made substantial recommendations and requirements for how the researchers could more authentically validate women's participation in the project. Feminist participatory action research researchers in women's health have exemplified the importance of partnerships and contributed to the broader literature on the challenges and potential arising from such collaborative efforts. We build on this work by further articulating some of these tensions and offering recommendations on the explicit skills and resources required to cultivate *power-with* strategies to maximize partnership potential.

BUILDING ON OUR COLLECTIVE EXPERIENCES OF FPAR

Our mutual commitment to and collaborations in FPAR and women's health originated nearly 10 years ago in a project called Women Organizing Activities for Women (WOAW). WOAW was a 6-year health promotion project designed to address the self-identified barriers to health of women living in poverty through a community development approach to recreation (Frisby et al. 2007). We partnered with service providers from the fields of municipal recreation, women's centres, and related community service organizations. Women Organizing Activities for Women was an exciting journey through which we each grew personally and intellectually. We experienced many complex tensions that arose through the power dynamics that emerged as the partnerships grew, and witnessed how conflict, emotionality, and lack of role clarity can compromise individual participation

and entire projects (Frisby et al. 2005; Ponio 2007; Reid 2004). We have since moved forward in our individual and collaborative programs of research, conducting FPAR with new partners in new settings, with a focus on different aspects of women's health. As we describe in greater detail in the following sections of this paper, we have developed partnerships with community-based researchers, provincial organizations, provincial and local advisory committees (LACs), and federal, provincial, and municipal policy-makers. Since our time with WOAW, we have continued to encounter and learn from new and sometimes similar challenges that arise from the power relationships embedded in diverse partner relations.

Paying attention to the process of *how* we develop partnerships, including recruitment, group norms and agreements, communications, resource utilization, participation, and evaluation, plays a significant role in determining how *power-with* strategies can be cultivated in actualizing FPAR and women's health goals (Ponio 2007; Provan and Milward 1995). This is especially important given that all partners bring shared and divergent interests, agendas, and skills to the table, and are often situated in varying social, economic, and political professional contexts (Babiak and Thibault 2009). By collaborating on this paper we are building on our experiences in FPAR to begin identifying a set of skills and resources to help academic researchers appropriately cultivate the power within partnerships through attention to process. In doing so, we grapple with the questions: 'How do you get the partnership piece right?', 'What does a strong partnership in FPAR look like?', and 'If you don't get it right, what are the implications for women's health and women's health research?' In order to set the stage for our reflections, we now provide brief descriptions of three of our most recent FPAR and women's health projects.

1. Shedding light on the barriers to housing for women fleeing violence – P Ponio

Housing is a key determinant of women's health that is often compromised when women experience intimate partner violence (Bryant 2004; Paglionie 2006). The Shedding Light project was designed to identify and take action to address the complex and overlapping barriers that women face in securing long-term, safe, and affordable housing after leaving an abusive relationship, and the related health effects. P Ponio partnered with two provincial umbrella agencies that represent and serve community non-profit organizations providing long-term non-profit housing and transitional housing for women fleeing violence, respectively. The

research partnerships were formed because the agencies continually heard from their members that in the context of the Canadian affordable housing and homelessness crises, barriers to housing were compromising women's safety and at times forcing them back to the abuser (Ponic and Jategaonkar 2010). Both organizations also recognized the need to generate evidence that would support their respective advocacy mandates and enhance public awareness of the issues.

Building on FPAR principles, the project was initiated with seed funding used to collaborate with women and service providers across the province in determining the research questions and methods. Photovoice methods that produce participant-taken photos and accompanying photo narratives were chosen because of their ability to reveal women's stories and the potential for visual impact (Frohmann 2005; Wang, Ann Burris, and Yue Ping 1996). Shedding Light occurred in four communities in British Columbia (BC) that were diverse in their geographic, demographic, and socioeconomic profiles. To enhance community participation, we partnered with LACs in each site consisting of housing providers, staff from women-serving agencies, and local government to guide the project locally and who were well-positioned to take action with the results. We also partnered with community researchers who had experience working in the field of intimate partner violence (IPV) to conduct recruitment and data collection in their communities. Importantly, the community researchers had direct knowledge of the barriers women faced and brought with them an ability to create safe spaces within which women could participate in the project.

2. Women's employability and health project – C Reid

In 2001 and 2002, the provincial government in BC initiated deep cuts to social programs and shifts in social policy. These cuts exacerbated long-standing neoliberal trends in Canada and internationally. For as long as data have been collected, women as a group have experienced poverty and deprivation more significantly, and more deeply, than men. Men dominate higher-earnings groups, and women are increasingly in part-time, temporary, or contract employment (Townson 2009). The Women's Employability and Health Research Project (WEHP) was created to investigate how women living in diverse communities in BC were faring in this economic context and how it was affecting their health. Employability was defined as women's relationships with the formal and informal economies. The four BC communities involved in

the project were selected for their diversity and were characterized as Rural-Farming, Resource-Northern, Remote-Reserve, and Urban-South Asian.

The Women's Employability and Health Research Project was a partnership between representatives from women-serving organizations, C Reid as the lead researcher, a project coordinator, four groupings of community-based researchers, and four LACs. The community research partners were responsible for forming and liaising with each LAC, recruiting participants, conducting data collection and analysis, and writing a final community report. Over time we coalesced as the 'provincial research team' and engaged in collaborative writing, conference presentations, and other forms of dissemination and knowledge transfer. The FPAR component of our project adopted a heavy emphasis on training and the development of research skills in local communities. The values and promises of FPAR were taken seriously as the team endeavoured to work in a collaborative and reciprocal way.

3. Immigration and physical activity project – W Frisby

W Frisby and her colleagues have been examining the role of physical activity for newly immigrated Chinese women in easing their settlement, and the barriers they face participating at local community centres, which could provide opportunities for them to promote their social, psychological, and physical health. The Chinese represent the largest immigrant group in both Vancouver and Canada (Statistics Canada 2008), yet little has been written about gendered cultural differences in physical activity participation and the related health benefits. Data was collected in two phases; first through interviews with recent immigrant Chinese women in their language of choice and second via interviews with partners who included sport and recreation policy-makers at the local, provincial, and federal levels, along with staff from a local immigrant service organization.

The FPAR component of the project entailed organizing a two day workshop to bring the new Canadian women together with the partners and researchers to promote further dialogue about actions steps needed to overcome barriers to participation. The impetus for the workshop originated with the immigrant Chinese women who expressed interest in sharing their stories with 'people who could make a difference' (interviewee). The first day of the workshop involved five Chinese immigrant women sitting on a panel where, with the assistance of translators, they recounted their stories of immigration and struggles accessing community physical activity programs. The researchers then presented

an overview of findings, and the women and partners were encouraged to elaborate. The next day, workshop participants broke into small groups comprised of immigrant women, partners, and researchers to strategize how new policy and program initiatives could be implemented to promote inclusion.

CULTIVATING 'POWER-WITH' PARTNERSHIPS: LEARNING FROM THREE FPAR PROJECTS

Attention to the process of navigating and cultivating partnerships is important precisely because the success of FPAR projects relies on effective and sustainable partnerships. The richness of FPAR in part results from the diverse agendas, worldviews, skills, resources, and social contexts that each partner brings to the table. For example, participants bring the power of their life experiences, community researchers add their knowledge of local contexts and connection to participants, organizational and government workers contribute their access to resources, ability to take action, and influence policy, and researchers supply their ability to generate funds and evidence. Yet traditionally these various forms of power are not equally valued in research or in broader social settings. The need for efficiency and control – two dominant values held in traditional academic research and bureaucratic service systems – have led to a masking of power imbalances.

Masking inequalities between research partners can have deleterious consequences. Our FPAR journeys have been complicated and at times problematic. In varying ways, we have encountered domination, silencing, control, and women feeling invisible, disempowered, and unheard by partners, researchers, and other women. In the following section, we reflect on key moments in our respective projects where we were challenged in building and negotiating power-with partnerships.

1. Shedding light – P Ponio

There were a number of diversely-located stakeholders invested in the Shedding Light project and each of them brought slightly different, albeit complementary, agendas. The lead provincial organizations brought a clear advocacy mandate, the LACs expressed a need to initiate change in their communities, and the local research coordinators developed a commitment to honouring the participants' stories and participation in the research. Yet we were working primarily in the non-profit arena where resources are scant; staff at all the provincial and local organizations were chronically over-worked, and the funding for this multi-site

project was tight. This meant that it was never possible to get all the players from across the province together to be clear about the different agendas and action outcomes and find collaborative ways to meet them all. As lead researcher, I was constantly in the position of trying to navigate between the differences amongst the various partners. Given my commitment to FPAR ideals, I wanted to support a collaborative process through which all agendas could be considered and, ideally met, as indicated in my fieldnotes below.

I just got out of a meeting with [the lead provincial agencies] about this knowledge translation grant, and I'm feeling tense about how to make sure that the local communities' needs get met in the action piece. They [the lead provincial agencies] are rightly focused on the policy implications of this work, but I also know that the local advisory members and coordinators joined the project to make a difference in their communities. And since I've been the face of the project in the communities, I feel responsible for making sure we help to make that happen. Ugh, I would really like to be able to get us all in a room together so we could manage it face to face, rather than me being in between it all. (P Ponio, fieldnotes, May 2009)

A unique power difference exists in this research partnership because one of the lead organizations had initiated the grant and was responsible for its administration, and thus had power typically held by academic researchers. While this is a positive way through which community organizations can have greater control in projects than they traditionally do, it also resulted in a tendency to privilege that organization's agenda, and limited my ability as lead researcher to facilitate *power-with* strategies. That is not to say that doing so was impossible. Rather, because we did not have the resources to create a venue where all of our various interests and objectives could be stated upfront and agreements could be made these power differences were masked. This experience confirmed my learning from past projects, which is the need for collective reflexivity so all perspectives are considered and potential misunderstandings can be avoided. Yet this type of process is often what gets sidestepped when funding is tight, especially in the under-resourced health and social sectors. Although we did not manage to gather all partners at the onset of the project, we have received a knowledge translation grant that will allow us to do so as we move forward towards action.

2. Women's employability and health project – C Reid

The Women's Employability and Health Research Project was initiated with a small seed grant from a funding founda-

tion in order to travel across the province to meet with individuals and organizations potentially interested in the project. In our travels, the project coordinator and I received strong support and statements of interest in engaging in FPAR. In the community visits, we identified local individuals and organizations who could champion the work. After receiving funding, we initiated searches for the local researcher positions to be partners who would manage the projects locally while we provided logistical support and training. When our local research partners were recruited, we discussed our collaborative approach to the research and the various ways that our partnerships – with overt attention to power-with strategies – would unfold. The research partners would take active roles in forming the LACs, providing input into the ethics review process, developing sampling protocols, writing interview guidelines, engaging in data collection and analysis, and actively participating in disseminating the findings.

From the outset our shared vision for power-with partnership was challenging. While we intentionally selected diversely located communities to bring together women's varied perspectives and experiences, working across differences and distances, and our reliance on technology, proved to be a huge challenge. In one community, the local researcher partners felt unheard and marginalized, and that the distance between us compounded these difficulties:

[We've faced] challenges feeling heard and valued, and difficulties confronting discussions about power. Although there is an overall buy-in to dissemination processes (writing for journals and books, conference presentations, etc.), at times our roles are inequitable. And, we are dealing with these dynamics at a distance (over the phone) and via email – lots is lost in translation and in time and space. (Community researcher)

Yet the distance was not the only obstacle; the very structure of the project compounded what some felt were embedded power inequities. Project timelines, deliverables, and budgets were managed by what some partners referred to as 'project headquarters' and 'big sister'. While my intention was to make decisions collaboratively, it was not always feasible to do so. Most project documentation required my signature, I managed the project funding, and, ultimately, I was accountable to the funders for the appropriate and timely use of our grant monies. Although the researcher partners acknowledged that it was necessary for me to be in a leadership role, they also felt the control I wielded as project lead reflected power differences that were more typical in traditional *power-over* approaches to research. For example, a researcher in the Northern community commented:

My values of community empowerment were challenged and I felt frustrated. I have lived in the North for 21 years and find myself always dealing with agencies in the South making decisions for the North. These decision-makers do not understand how the North works, how we are flexible, resourceful and need autonomy. Northern people have a pride in making their own way, taking control of their decisions and working cooperatively with each other. Dependence on set policies from external agents is difficult. In future, I will definitely ask more questions and have a clearer understanding of the expectations of the project. (Community researcher)

The external pressures imposed by my academic institution and the funders contravened our ethic of power-with partnerships. In some instances I felt forced, rightly or wrongly, to exert power-over my research partners. The pressure to make decisions quickly and efficiently, and to be the one accountable for them, limited our capacity to develop power-with partnerships.

3. Immigration and physical activity – W Frisby

I struggled with my role in encouraging *power-with* instead of power-over partnerships as it was my responsibility as the lead researcher to organize the workshop where the immigrant women, partners, and researchers would have a space to contemplate policy change. One strategy we decided to use following consultation with the immigrant women was to have a few of them speak on the first morning of the two day workshop with the assistance of translators, so that the researchers and partners would not take over and dominate. Given that the policy-makers were dispersed geographically (e.g. locally, provincially and federally) and we only had sufficient research funding to offer one workshop, there was little time and other resources available for team building or collective reflexivity prior to the event. However, we did have two full days to talk with one another, an opportunity that is rarely built into FPAR projects. While the researchers and partners appeared to be listening respectfully as the immigrant Chinese women told their stories, I wondered whether the women's expectations for policy change were heightened as a result. Several of the partners indicated in their interviews that there was a lack of capacity and support in their organizations to develop policy related to multiculturalism and physical activity because of all the challenges involved. For example, one said, 'how do we develop policy when there are over 200 recognized cultural groups in Canada?' A related issue was one of 'representation' because only 5 of the 50 participants sat on the workshop panel, a format that did not encourage more wide spread participation (Creese et al.

In press). This was a concern for some partners because the speakers certainly did not represent the views of all immigrant Chinese women in Vancouver or immigrant women from other cultural groups more generally. Even though we offered to cover childcare and transportation, power differentials were apparent as many women were uncomfortable leaving their children with strangers so soon after moving to a new country. Others were working and could not get time off, which was in stark contrast to the partners and researchers who attended as part of their job responsibilities. As one partner said, 'It is part of my job to attend workshops like this and my boss is willing to cover my expenses so I can attend'. While we did not want the partners to generalize the findings beyond the scope of our study, we also did not want them to discount what the women had to say because they were not representative of a larger group. The whole notion of 'raised expectations' because of the presence of partners who have influence over resources and policy has been insufficiently considered in the FPAR literature and deserves further attention because it is tied to a number of conflicting emotions such as, disappointment, and having feelings of hope that may or may not be actualized. This was most evident in the following fieldnote I wrote after being invited by the federal partners to share results from the project at a conference they organized.

When I presented some of our preliminary findings at the conference, one of the federal policy-makers made comments to the audience that appeared to discredit our work. He asked how he was supposed to make policy in the area of multiculturalism and physical activity after hearing about only 50 Chinese immigrant women from only one Canadian city. He also asked why we had used a qualitative approach instead of a quantitative approach which would have enhanced the generalizability of the findings. At first I was quite angry with his response and lack of knowledge about our approach to research, but I realized that like me, he is a product of his own background and education and he will have difficulty justifying policy based on one FPAR study. I did try to explain the values of our approach, but he certainly did not seem to be convinced. (W Frisby, fieldnotes, November 2008)

POWER-WITH PARTNERSHIPS: IMPLICATIONS FOR WOMEN'S HEALTH RESEARCH

The current pro-partnership agenda in health research is in part a result of the neoliberal climate whereby resources for health and social services are declining and those that do exist are leveraged across sectors for maximum effect (Frisby et al. 2004). Although this imperative comes with complications and limits, as our above examples illustrate, intersector-

al partnerships are necessary because women's health issues are complex and cannot be tackled by organizations acting in isolation from one another. The interdisciplinary women's health literature illustrates the interconnections between the social determinants of health, health-care and health promoting services, and health outcomes (Morrow, Hankivsky, and Varcoe 2008; Schulz and Mullings 2006; Spitzer 2005). While partnerships are necessary for leveraging limited resources, they are also essential for understanding and addressing the range of overlapping factors that shape women's health.

It is necessary to generate power-with strategies to harness each partner's resources, skills, and knowledge because power-over strategies will likely alienate research partners and/or participants. For Hibbert and Huxham (2005) it is through 'process learning' (a notion similar to collective reflexivity) where power dynamics are openly addressed so that effective collaborations evolve and have the potential to achieve multiple goals. A key feature of power-with strategies is that trust is developed, which according to Vangen and Huxham (2003), requires a proactive information exchange to deal with expectations and concerns over risk taking and the vulnerabilities that characterize the interdependencies in partnership relations.

A failure to develop such strategies collaboratively will likely result in partners defaulting into traditional power-over relationships that mask differences, recreate power imbalances, and increase the likelihood of disappointing outcomes (Vangen and Huxham 2003). This default position is a habitual and familiar one because, for many of us, it is the basis of our formative training and work experiences that are imbued, along with hegemonic beliefs systems, with gendered, racialized, and classist stereotypes that create power hierarchies (Reid 2004). It is the streamlining or lack of attention to the process of partnership development that results in miscommunication, conflict, and silencing (Babiak and Thibault 2009). Power-over partnerships can readily and unwittingly dismantle even the best-intentioned research project. If partners cannot find effective ways to collaborate, many women's health issues will remain invisible, misunderstood, and unaddressed – a situation that ultimately affects the women most vulnerable to poor health.

CULTIVATING PARTNERSHIPS: RESEARCHER SKILLS AND RESOURCES

Based on our collective experiences of conducting, reflecting upon, and reading and writing about FPAR in women's health, we believe that effectively managing partnerships can

build on its strengths, limit the potential challenges, and avoid the possibility of replicating the very power relations we are trying to redress. Additionally, there is solid practical information to be gleaned from complementary fields, such as community psychology, community development, social work, and education that can build partnering skills and relations. The suggestions listed below overlap and reinforce each other to build a web of skills and resources that can be useful to those conducting FPAR and other forms of emancipatory research. We intend this list as a starting place for discussion and action, rather than an exhaustive inventory, so that all those invested in building *power-with* partnerships can contribute to its growth and refinement.

1. Dedicated partnership-building resources – time and money

As each of our examples illustrates, the foremost practical strategy for managing partnerships in FPAR is building resources for it into project planning. We recognize that when either (or both) time and money are limited, attention to the process of cultivating and sustaining partnerships is often abandoned. This is understandable when competition for research funding is high and those working in the health and social services are chronically over-worked. Building in adequate time and money to engage in partnership building is the key first step. For example, a 'team building' period could be included as the first phase of the research process. This would involve going beyond identifying partners to bringing them together for substantive conversations about how to cultivate mutually beneficial relationships. It is also important to maintain these types of gatherings over the course of the project. Honoraria for service providers are helpful for alleviating the cost of their time away from their workplace, especially non-profits that are consistently under-funded. Funding for staff well-trained in group facilitation and communication is another option, so that all team members are kept informed and engaged as the project develops. As was discussed in the WEHP example, reliance on technology for limiting the cost of travel can create barriers and misunderstandings. While some funders recognize the importance of building effective research teams (as was the case in the Shedding Light and WEHP example), what is required to fully engage all partners is often not fully compensated. While the workshop in the Immigration and Physical Activity project achieved some of its goals, it could have been derailed because insufficient time was devoted to partnership development because of geographical

dispersion. A strong case can be made for the importance of dedicated partnership development funds in the budget of all research grants. Doing so would allow partners to gather regularly as a way of maintaining clearer communication and developing environments where diverse partners can learn from each other, build trust, and actively reflect on their potential contributions.

2. Team building – establishing group agreements

Team building is a necessary first step in FPAR process in order to develop a strong relational foundation of trust from which the project can be launched (Vangen and Huxham 2003). This is especially important when cultivating power-with partnerships with varying interests, agendas, and skills (Frisby et al., 2004). Health funders and researchers are increasingly supporting the idea of team building as an important aspect of inter-sectoral partnerships. Yet academic researchers generally lack specific group facilitation skills and training to do so effectively, and would be well-served to develop skills from the fields that specialize in it, such as education, community psychology, and social work practice. For example, community-based and anti-oppressive group work involves the active negotiation of social and power dynamics within groups, whereby group members learn how to develop a safe space for all voices to be heard, a mutual respect for diversity, caring and compassion, and egalitarian understandings of power (Dominelli 2002; Nelson and Prilleltensky 2005). Engaging in this type of relational group work from the outset of FPAR projects is necessary in order to find common ground among partners, especially those who are in less privileged positions or those who have less familiarity with FPAR processes (Dominelli 1995). Co-creating values statements, vision documents, and group agreements for how team members will work together can provide heightened clarity amongst team members.

In the Shedding Light project, we found that bringing the community researchers and lead organizations together for a week-long training and planning workshop to be extremely beneficial in building solid relationships and trust. Similarly, in the Immigration and Physical Activity project, several partners indicated the value of dialogue with recent immigrant women in understanding their policy roles in reducing barriers. While we recognize that not everyone involved will necessarily be interested in or has the time to engage in such team building exercises, effective facilitation techniques can make attention to these processes more meaningful.

3. The value of conflict

Conflict is a necessary and constructive component of group processes that aim to be inclusive (Young 2000). Conflict within groups may confirm that differences are being embraced and negotiated and that power dynamics are being reformulated (Shakir 2005). In fact, conflict is common in group and organizational processes, whereby members are encouraged to engage in and learn from their differences as a means of growth, rather than fear and avoid it (Brandler and Roman 1999; Schiller 2003). Yet the emergence and potential value of conflict within FPAR has not been adequately recognized or analyzed, despite a growing trend to partner across sectors, disciplines, agendas, and inherent power differences; and despite its destructive potential. To work effectively with conflict, FPAR teams need to openly name it as a natural part of group process, agree to approaches for working with conflict, and be willing to go into the messy territory of managing it as a means for individual and collective growth. Conflict can be negotiated across a range of cooperative versus uncooperative and assertive versus unassertive strategies (Northouse and Northouse 1998; Ponic and Frisby 2005). While we stumbled into conflict early in the WEHP, through our project coordinator who had advanced facilitation skills, we were able to use it constructively to build our partnerships, acknowledge what was at play, and find ways to feel heard and valued in the research. Managing conflict is another area where a well-trained facilitator would be very useful to assist partners in finding an appropriate approach.

4. Individual and collective reflexivity

A body of qualitative and feminist literature exists on the importance of reflexivity as a tool to systematically reflect on power relations and social contexts (Shope 2006; Williams and Brinton Lykes 2003). Reflexivity is useful strategy for managing the emotions, boundaries, and other relational complexities that can 'plague' academic researchers and partners working in the field (Davis and Gremmen 1998; Ponic et al. 2002). As the excerpts from our fieldnotes demonstrate, they provided researchers with an outlet to vent and capture our emotions (e.g. frustration, anger, guilt), and to work towards resolution or understanding within a broader social context (Coy 2006; Reid et al. In press; Wolf 1996). Although fieldnotes are seldom included as sources of data, they should be taken seriously as an integral part of FPAR because they help illuminate and resolve tensions that result from power differences observed in partnerships. W Frisby's fieldnote on her encounter with the

policy-maker in the Immigration and Physical Activity project exemplifies how her reflexive process helped her understand her anger as being a result of the differing epistemologies underlying FPAR and federal policy-making. It allowed her to deepen her analysis, which was an important finding in the project as well as an insight for her own learning.

Traditionally, reflexive practice occurs most often at the individual level and is rarely conducted in group settings. Similar to the learning and deepening analysis that occur through individual reflexivity, benefits are gained by partners through collective reflexivity. This is similar to feminist consciousness raising groups, whereby group members talk in open forums about their experiences of power as a way of developing critical analysis skills and insights into relations of oppression and domination (Freire 1970; Lykes and Coquilron 2006). In the context of research partnerships, this might involve each partner openly naming and reflecting on her or his own power, needs, emotions, and/or roles in the research process, with the intention of supporting one another's mutual learning and critical analysis skills. It would also provide a forum and basis for understanding differences and mitigating conflict. Of course, a high level of trust would be needed within a partnership in order for people to feel safe in exposing potentially vulnerable insights, and would be predicated on the foundational team building and agreement-setting discussed above (Vangen and Huxham 2003). For example, facilitating collective reflexivity in the Physical Activity and Immigration workshop was likely unrealistic because it was the first time all the partners were in the room together; yet if they had been able to do so, it could have heightened their learning and ability/willingness to take action. In contrast, the longstanding relationships between WEHP partners allowed them to engage in collective reflexivity, a strategy that C Reid felt salvaged the project and led to an ongoing power-with partnership. Similarly, research partnerships could benefit from creating 'peer debriefing' systems, whereby individual team members who feel comfortable with each other are purposefully connected for mutual support. This structure was set up amongst the lead and community researchers in the Shedding Light project and created an important venue for learning and collective reflexivity.

CONCLUSION

Deliberately creating strategies for cultivating power-with partnerships in FPAR and exploring the challenges in doing so have theoretical and methodological implications. Theoretically, it reveals the complexity of power relations in partnerships when working against the flow of dominant and mutually-reinforcing ideologies and structural inequalities

based on neoliberalism, patriarchy, classism, racism, homophobia, and other axes of power. It also calls into question the very value systems that partnerships are based upon and requires a deepening of theoretical perspectives to inform FPAR partnerships. As some researchers have argued, partnership theory has focused on the economic and functional dimensions and under-theorizes the consequences of the power imbalances inherent in such relations (Coulson 2005). This has resulted in an assumption that partnerships in health research are 'good', which may not necessarily be the case if power differences are not adequately addressed. Partnership research has also focused more on the formation stage and much less on the complexity of the management stage where power relations are played out (Babiak and Thibault 2009).

The power-over versus power-with framework is an important yet relatively simplistic one developed from longstanding feminist theorizing and practice. Participatory and community-based research partnering could be further informed by poststructural and intersectional theories that examine power as a relational force embedded in the construction, reproduction, and resistance of broader social structures (English 2006; Hankivsky and Christoffersen 2008; Kesby 2005). Additionally, examining theories of engagement and communities of practice could shed light on how people from diverse perspectives and locations work together towards mutually beneficial goals (e.g. Poole 2008). Doing so would deepen understandings of how FPAR partnerships can contribute to the work of social justice and improved women's health.

Methodologically, our reflections on the challenges associated with research partnerships help to uncover unexamined power relations amidst the myriad of stakeholders and illustrate the importance of refining participatory methodologies to better gather knowledge to redress the inequities that compromise women's health. Rather than simply tolerating the challenges as an unfortunate side effect or a reason not to conduct FPAR, we argue that the uncomfortable dynamics that often unfold are necessary to meet the intentions behind the endeavour and give evidence to that fact that power relations are being destabilized in a way that can have positive consequences as a result.

Our journeys towards cultivating power-with partnerships have been riddled with discomfort and challenges. Destabilizing longstanding systemic power relationships, creating and enacting new paradigms of knowledge construction, bridging social and cultural differences, and taking action toward improved health are not easily achieved, particularly when the values of partnerships and collaboration underpinning all stages of the research process itself are often insufficiently

explored. The reality is that the long haul struggle to achieve such change is incremental, slow-moving, and at times, painful (Cornish and Ghosh 2007; Maguire 2001). Yet, despite the challenges, we believe it is imperative to ask ourselves, 'how do we want to work with others to promote health and social change?' Power-over approaches to academic-community partnerships will not bring us any closer to dismantling patriarchal and other oppressive traditions to more adequately address women's health issues. Rather, cultivating *power-with* relationships, in all their messiness and complexity, has provided us with an important starting point.

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REFERENCES

- Anderson E and SD Jap. 2005. The dark side of close relationships. *MIT Sloan Management Review* 46(3): 75–82.
- Babiak K and L Thibault. 2009. Challenges in multiple cross-sector partnerships. *Nonprofit and Voluntary Sector Quarterly* 38(1): 117–43.
- Brandler S and CP Roman. 1999. *Group work: Skills and strategies for effective interventions*, 2nd edn. New York: Haworth Press.
- Bryant T. 2004. Housing and health. In *Social determinants of health: Canadian perspectives*, ed. D Raphael, 217–32. Toronto, ON: Canadian Scholars' Press.
- Brydon-Miller M, P Maguire and A McIntyre, eds. 2004. *Traveling companions: Feminism, teaching, and action research*. Westport, CT: Praeger.
- Cornish F and R Ghosh. 2007. The necessary contradictions of 'community-led' health promotion: A case study of HIV prevention in an Indian red light district. *Social Science & Medicine* 64(2): 496–507.
- Coulson A. 2005. A plague on all your partnerships: Theory and practice in regeneration. *International Journal of Public Sector Management*, 18(2): 151–63.
- Coy M. 2006. This morning I'm a researcher, this afternoon I'm an outreach worker: Ethical dilemmas in practitioner research. *International Journal of Social Research Methodology* 9(5): 419–31.

- Creese G, X Huang, W Frisby and E Ngene-Kamere. In press. Working across race, language, and culture with African and Chinese immigrant communities. In *Feminist community research: negotiating contested relationships*, eds G Creese and W Frisby, Vancouver, BC: UBC Press.
- Davis K and I Gremmen. 1998. In search of heroines: Some reflections on normativity in feminist research. *Feminism & Psychology* 8(2): 133–53.
- Dominelli L. 1995. Women in the community: Feminist principles and organizing in community work. *Community Development Journal* 30(2): 133–43.
- Dominelli L. 2002. *Feminist social work theory and practice*. New York: Palgrave Macmillan.
- English L. 2006. A Foucauldian reading of learning in feminist, non-profit organizations. *Adult Education Quarterly*, 56(2): 85–101.
- Fiske J and AJ Browne. 2004. *First nations women and the paradox of health policy reform*. Vancouver, BC: British Columbia Centre for Excellence in Women's Health.
- Freire P. 1970. *Pedagogy of the oppressed*. New York: Continuum International Publishing Group.
- Frisby W, L Thibault and L Kikulas. 2004. The organizational dynamics of under-managed partnerships in leisure service departments. *Leisure Studies* 23(2): 109–26.
- Frisby W, C Reid, S Millar and L Hoeber. 2005. Putting 'participatory' into participatory forms of action research. *Journal of Sport Management* 19(2): 367–96.
- Frisby W, P Maguire and C Reid. 2009. The 'f' word has everything to do with it: How feminist theories inform action research. *Action Research* 7(1): 13–29.
- Frisby W, C Reid and P Ponc. 2007. Leveling the playing field: promoting the health of poor women through a community development approach to recreation. In *Sport and gender in Canada*, eds P White and K Young, 120–36. Don Mills ON: Oxford University Press.
- Frohmann L. 2005. The framing safety project: Photographs and narratives by battered women. *Violence Against Women* 11(11): 1396–419.
- Greaves L. 2009. Women, gender, and health research. In *Women's health: Issues of policy, research, and practice*, eds P Armstrong and J Deadman, 3–20. Toronto, ON: Canadian Scholars' Press.
- Greenwood D and M Levin. 1998. *Introduction to action research: Social research for social change*. Thousand Oaks, CA: Sage Publications.
- Gutierrez L and E Lewis. 2005. Education, participation, and capacity building in community organizing and women of colour. In *Community organizing and community building for health*, ed. M Minkler, 216–29. New Brunswick, NJ: Rutgers University Press.
- Hafez-Barazangi N. 2004. Understanding Muslim women's self-identity and resistance to feminism and participatory action research. In *Travelling companions: Feminism, teaching, and action research*, eds M Brydon-Miller, P Maguire and A McIntyre, 21–40. Westport, CT: Praeger.
- Hankivsky O and A Christoffersen. 2008. Intersectionality and the determinants of health: A Canadian perspective. *Critical Public Health* 18(3): 271–83.
- Hibbert P and C Huxham. 2005. A little about the mystery: Process learning as collaboration evolves. *European Management Review* 2: 59–69.
- Johnson JL, L Greaves and R Repta. 2007. *Better science with sex and gender: A primer for health research*. Vancouver, BC: Women's Health Research Network.
- Kesby M. 2005. Retheorizing empowerment-through-participation as a performance in space: Beyond tyranny. *Signs: Journal of Women in Culture & Society*, 30(4): 2037–65.
- Langan D and M Morton. 2009. Reflecting on community/academic 'collaboration': The challenging of 'doing' feminist participatory action research. *Action Research* 7(2): 165–84.
- Lorde A. 1984. *Sister outsider*. Freedom, CA: The Crossing Press.
- Lykes MB and E Coquillon. 2006. Participatory and action research and feminisms: Towards transformative praxis. In *Handbook of feminist research: Theory and praxis*, ed. S Hesse-Biber, 297–326. Thousand Oaks, CA: Sage.
- Maguire P. 1996. Considering more feminist participatory research: What's congruency got to do with it? *Qualitative Inquiry* 2(1): 106–19.
- Maguire P. 2001. Uneven ground: Feminisms and action research. In *Handbook of action research: Participative inquiry and practice*, eds P Reason and H Bradbury, 59–69. London: Sage Publications.
- Martin RE, K Murphy, D Hanson, C Hemingway, V Ramsden, J Buxton, A Granger-Brown et al. 2009. The development of participatory health research among incarcerated women in a Canadian prison. *International Journal of Prisoner Health* 5(2): 95–107.
- Morrow M, O Hankivsky and C Varcoe eds. 2008. *Women's health in Canada: Critical perspectives on theory and policy*. Toronto, ON: University of Toronto Press.
- Moss N. 2002. Gender equity and socioeconomic inequality: A framework for the patterning of women's health. *Social Science & Medicine* 54(5): 649–61.
- Nelson G and I Prilleltensky, eds. 2005. *Community psychology: In pursuit of liberation and well-being*. New York: Palgrave Macmillan.

- Northouse LL and PG Northouse. 1998. *Health communication: Strategies for health professionals*, 3rd edn. Norwalk, CT: Appleton & Lange.
- Paglione G. 2006. Domestic violence and housing rights: A reinterpretation of the right to housing. *Human Rights Quarterly* 28: 120–47.
- Pillow WS. 2003. Confession, catharsis, or cure? Rethinking the uses of reflexivity as methodological power in qualitative research. *Qualitative Studies in Education* 16(2): 175–96.
- Ponic P, C Reid and A Tom. 2002. Negotiating the practical and the emotional: Reflections on researcher roles and experiences in feminist action and health promotion research. Banff, AB: Paper read at the 8th International Qualitative Health Research Conference.
- Ponic P and W Frisby. 2005. Feminist organizing as community development: A strategy for delivering accessible recreation to women living in poverty. Nanaimo, BC: Paper read at Canadian Congress of Leisure Research.
- Ponic P. 2007. Embracing complexity in community-based health promotion: Inclusion, power and women's health. Doctoral Dissertation, Vancouver, BC: Faculty of Human Kinetics, University of British Columbia.
- Ponic P and N Jategaonkar. 2010. Surviving not thriving: The systemic barriers to housing for women leaving violent relationships. Vancouver, BC: BC Non-Profit Housing Association.
- Poole N. 2008. Using consciousness-raising principles to inform modern knowledge translation practices in women's health. *Canadian Journal of Nursing Research* 40(2): 76–93.
- Provan KG and HB Milward. 1995. A preliminary theory of interorganizational network effectiveness: A comparative study of four community mental health systems. *Administrative Science Quarterly* 40(1): 1–33.
- Reid C, E Brief and R LeDrew. 2009. *Our common ground: cultivating women's health through community based research*. Vancouver BC: Women's Health Research Network.
- Reid C. 2004. *The wounds of exclusion: poverty, women's health and social justice*. Edmonton, AB: Qualitative Institute Press.
- Reid C, P Ponic, L Hara, R LeDrew, C Kaweesi and K Besla. In press. Insights multiplied: Deepening the analysis of work and women's health with a provincial intersectional research team. In *Intersectionality-type health research in Canada*, ed. O Hankivsky. Vancouver BC: University of British Columbia Press.
- Salmon A. 2007. Walking the talk: How participatory interviews can democratize research. *Qualitative Health Research* 17(7): 982–93.
- Schiller LY. 2003. Women's group development from a relational model and a new look at facilitator influence on group development. In *Gender and groupwork*, eds MB Cohen and A Mullender, 16–31. New York: Routledge.
- Schulz AJ and L Mullings, eds. 2006. *Gender, race, class, and health: Intersectional approaches*. San Francisco, CA: Jossey-Bass.
- Shakir U. 2005. Dangers of a new dogma: Social inclusion or else ... ! In *Social inclusion: Canadian perspectives*, eds T Richmond and A Saloojee, 203–14. Halifax, NS: Fernwood Publishing.
- Shope JH. 2006. 'You can't cross a river without getting wet': A feminist standpoint on the dilemmas of cross-cultural research. *Qualitative Inquiry* 12(1): 163–84.
- Spitzer DL. 2005. Engendering health disparities. *Canadian Journal of Public Health* 96(2): S78–96.
- Statistics Canada. 2008. *Canada's ethnocultural mosaic: 2006 census*. Ottawa, ON: Ministry of Industry.
- Stringer E and JG Genat. 2004. *Action research in health*. Upper Saddle River, NJ: Pearson Merrill Prentice Hall.
- Tenfingers K. 2005. Rejecting, revitalizing and reclaiming: First Nations work to set the direction of research and policy development. *Canadian Journal of Public Health* 96 (supplement 1): S60–3.
- Tetreault MA and RL Teske. 2000. Introduction: Framing the issues. In *Conscious acts and the politics of social change: Feminist approaches to social movements, community, and power*, eds RL Teske and MA Tetreault, 1–25. Columbia, SC: University of South Carolina Press.
- Tett L. 2005. Partnerships, community groups and social inclusion. *Studies in Continuing Education* 27(1): 1–15.
- Townson M. 2009. *Women's poverty and the recession*. Ottawa, ON: Canadian Centre for Policy Alternatives.
- Vangen S and C Huxham. 2003. Nurturing collaborative relations: Building trust in interorganizational collaboration. *Journal of Applied Behavioral Science* 39(1): 5–31.
- Varcoe C. 2006. Doing participatory action research in a racist world. *Western Journal of Nursing Research* 28(5): 525–40.
- Wang C, MA Burris and XY Ping. 1996. Chinese village women as visual anthropologists: A participatory approach to reaching policy makers. *Social Science & Medicine* 42(10): 1391–400.
- Williams J and MB Lykes. 2003. Bridging theory and practice: Using reflexive cycles in feminist participatory action research. *Feminism & Psychology* 13(3): 287–94.
- Wolf D. 1996. Situating feminist dilemmas in fieldwork. In *Feminist dilemmas in fieldwork*, ed. D Wolf, 1–55. Boulder, CO: Westview Press.
- Young IM. 2000. *Inclusion and democracy*. Oxford: Oxford University Press.